

Fill in this information to identify the case:

Debtor name Genotox Laboratories, Ltd.

United States Bankruptcy Court for the: Western District of Texas (State)

Case number (if known): 24-10454

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*

\$ 0.00

1b. Total personal property:Copy line 91A from *Schedule A/B*

\$ 903,427.74

1c. Total of all property:Copy line 92 from *Schedule A/B*

\$ 903,427.74

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 180,000.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 8,224,663.26

4. Total liabilities

Lines 2 + 3a + 3b

\$ 8,404,663.26

Fill in this information to identify the case:Debtor name Genotox Laboratories, Ltd.United States Bankruptcy Court for the: Western District of TexasCase number (if known): 24-10454☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Frost Bank	Checking	3 2 3 6	\$ 0.00
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

\$ 0.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. Agellan Commercial REIT, lessor, security deposit	\$ 48,625.00
7.2. _____	\$ _____

Description, including name of holder of prepayment

8.2. _____ \$ _____

Add lines 7 through 8. Copy the total to line 81.

\$ 48,625.00

☒ Yes. Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:	<u>38,841,393.76</u>	–	<u>38,452,979.82</u>	=	➔	<u>\$ 388,413.94</u>
	face amount		doubtful or uncollectible accounts			

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 394,802.74

☐ Yes. Fill in the information below.

Name of fund or stock:

14.2. _____

Name of entity:

% of ownership:

15.2. _____ % _____ \$

Describe:

16.2. _____ \$ _____

Add lines 14 through 16. Copy the total to line 83.

\$_____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____	\$ _____	_____	\$ _____
20. Work in progress	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____	\$ _____	_____	\$ unknown _____
23. Total of Part 5				\$ _____

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			\$ Unknown
40. Office fixtures			\$ Unknown
41. Office equipment, including all computer equipment and communication systems equipment and software Various office equipment, including computers.			\$ Unknown
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

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Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Lab equipment, owned and leased.			
	\$ 3,899,436.00	Estimated liquidation	\$ 460,000.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 460,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

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Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 2170 Woodward Street, Suite 100 Austin, Texas 78744	Lease	\$ _____	_____	\$ 0.00
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ 0.00
57. Is a depreciation schedule available for any of the property listed in Part 9?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties Intellectual Property License Agreement with Genotox ID, LLC	\$ _____	_____	\$ 0.00
63. Customer lists, mailing lists, or other compilations Lists of customers	\$ _____	_____	\$ Unknown
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ Unknown
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ 0.00

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Undetermined

_____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____
 _____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 48,625.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 394,802.74	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 460,000.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 903,427.74	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 903,427.74		\$ 903,427.74

Fill in this information to identify the case:Debtor name Genotox Laboratories, Ltd.United States Bankruptcy Court for the: Western District of TexasCase number (if known): 24-10454☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1****Creditor's name**United States of America**Creditor's mailing address**
G. Karthik Srnivasen, Alan Buie
601 NW Loop 410, Suite 600, San Antonio,
Texas, 78216
Creditor's email address, if known**Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien
Various office equipment, including
computers. Various lab equipment.
Describe the lienSettlement Agreement with DOJ**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Column A**Amount of claim**

Do not deduct the value of collateral.

\$ 180,000.00**Column B****Value of collateral that supports this claim**\$ Unknown**2.2****Creditor's name****Creditor's mailing address****Creditor's email address, if known****Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

Describe the lien**Is the creditor an insider or related party?**

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$ _____ \$ _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 180,000.00

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Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____

Fill in this information to identify the case:

Debtor Genotox Laboratories, Ltd.

United States Bankruptcy Court for the: Western District of Texas

Case number 24-10454
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ADT Security Services (autopay) PO Box 371878 Pittsburgh, PA, 15250-7818 Date or dates debt was incurred <u>4/4/2024</u> Last 4 digits of account number <u>1443</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>408.10</u>
3.2	Nonpriority creditor's name and mailing address Affinity eHealth Inc. 5400 Shawnee Rd. Ste 306 Alexandria, VA, 22312 Date or dates debt was incurred <u>3/31/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>16,710.00</u>
3.3	Nonpriority creditor's name and mailing address Agellan Commercial Reit US LP Southpark FOP Account Round Rock, TX, 78664 Date or dates debt was incurred <u>3/26/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>22,326.57</u>
3.4	Nonpriority creditor's name and mailing address Agena Bioscience, Inc. 4755 Eastgate Mall San Diego, CA, 92121 Date or dates debt was incurred <u>7/11/2023</u> Last 4 digits of account number <u>0328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>239,324.06</u>
3.5	Nonpriority creditor's name and mailing address Agilent Technologies (ACH) 5391 Stevens Creek Blvd. Santa Clara, CA, 95051-7201 Date or dates debt was incurred <u>11/1/2023</u> Last 4 digits of account number <u>3906</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>67,419.16</u>
3.6	Nonpriority creditor's name and mailing address Air Products & Chemicals, Inc (ACH) Mail Code: 5701 P. O. Box 71200 Charlotte, NC, 28272-1200 Date or dates debt was incurred <u>3/25/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>214.35</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Alleva Software 29982 Ivy Glenn Dr. Laguna Niguel, CA, 92677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 400.00
Basis for the claim: Suppliers or Vendors			
Date or dates debt was incurred <u>1/7/2023</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. ⁸	Nonpriority creditor's name and mailing address Allied Universal 701 Presidential Drive Dallas, TX, 75320-0906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,028.61
Basis for the claim: Suppliers or Vendors			
Date or dates debt was incurred <u>4/4/2024</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>4320</u>			
3. ⁹	Nonpriority creditor's name and mailing address AT&T 209 S. Akard Dr. Dallas , TX, 75202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 218.21
Basis for the claim: Telephone / Internet services			
Date or dates debt was incurred <u>11/15/2023</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. ¹⁰	Nonpriority creditor's name and mailing address AthenaHealth, Inc. P. O. Box 415615 Boston, MA, 02241-5615	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 468.00
Basis for the claim: Suppliers or Vendors			
Date or dates debt was incurred <u>3/13/2024</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>8969</u>			
3. ¹¹	Nonpriority creditor's name and mailing address Austin Tape & Label, Inc. 3350 Cavalier Trail Stow, OH, 44224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,884.39
Basis for the claim: Suppliers or Vendors			
Date or dates debt was incurred <u>8/4/2023</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Avutox, LLC Probus Law Firm PLLC 7701 N. Lamar Blvd., Suite 102 Austin, TX, 78746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 6,647,911.00
Basis for the claim: Judgment		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. ¹³	Nonpriority creditor's name and mailing address Balcones Shred P. O. Box 679901 Dallas, TX, 75267-9901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,092.00
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>12/31/2023</u>			
Last 4 digits of account number _____			
3. ¹⁴	Nonpriority creditor's name and mailing address Bastrop Scale Co., Inc. P. O. Drawer 2100 Bastrop, TX, 78602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 166.98
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>10/4/2023</u>			
Last 4 digits of account number _____			
3. ¹⁵	Nonpriority creditor's name and mailing address Big Data, LLC dba Big Data Healthcare 38 Fountain Square Plaza Cincinnati, OH, 45263	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,162.62
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>3/1/2024</u>			
Last 4 digits of account number _____			
3. ¹⁶	Nonpriority creditor's name and mailing address Bill.com 1810 Embarcadero Road Palo Alto, CA, 94303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Undetermined
Basis for the claim:		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____			
Last 4 digits of account number _____			

Part 2: Additional Page

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Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address Cardinal Health P. O. Box 730112 Dallas, TX, 75373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 385,693.47
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>11/10/2023</u>			
Last 4 digits of account number <u>4856</u>			
3. ¹⁸	Nonpriority creditor's name and mailing address Cayman Chemical Co., Inc. 16875 Collections Center Drive Chicago, IL, 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 284.00
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>11/16/2023</u>			
Last 4 digits of account number <u>9762</u>			
3. ¹⁹	Nonpriority creditor's name and mailing address Central Tox 525 Round Rock West Dr., Suite B240 Round Rock, TX, 78681	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,700.00
Basis for the claim: Services		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. ²⁰	Nonpriority creditor's name and mailing address Cerilliant CN-OH-L1WH Lockbox 005634 Cincinnati, OH, 45226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 16,307.09
Basis for the claim: Suppliers or Vendors		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>9/28/2023</u>			
Last 4 digits of account number <u>4319</u>			
3. ²¹	Nonpriority creditor's name and mailing address Charter Communications P. O. Box 6030 Carol Stream, IL, 60197-6030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 137.97
Basis for the claim: Telephone / Internet services		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred <u>1/26/2024</u>			
Last 4 digits of account number <u>9196</u>			

Part 2: Additional Page

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Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Chrom Tech, Inc. (ACH) P.O. Box 240248 Apple Valley, MN, 55124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,060.88
	Date or dates debt was incurred <u>10/16/2023</u> Last 4 digits of account number <u>8680</u>		
3. ²³	Nonpriority creditor's name and mailing address Cliawaived Inc 2721 Loker Ave W Carlsbad, CA, 92010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,942.79
	Date or dates debt was incurred <u>9/8/2023</u> Last 4 digits of account number _____		
3. ²⁴	Nonpriority creditor's name and mailing address College American Pathologists (CAP) P. O. Box 71698 Chicago, IL, 60694-1698	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,373.34
	Date or dates debt was incurred <u>11/2/2023</u> Last 4 digits of account number _____		
3. ²⁵	Nonpriority creditor's name and mailing address Comtron 11 Grace Avenue Suite 208 Long Neck, NY, 11021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,677.45
	Date or dates debt was incurred <u>4/1/2024</u> Last 4 digits of account number <u>2723</u>		
3. ²⁶	Nonpriority creditor's name and mailing address Davis Wright Tremaine LLP 920 Fifth Avenue Suite 3300 Seattle, WA, 98104-1610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 221,004.34
	Date or dates debt was incurred <u>6/20/2023</u> Last 4 digits of account number _____		

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Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address Douglas Pitts 2824 Audubon Dr. Middletown, OH, 45044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 24,150.00
	Date or dates debt was incurred 3/31/2024 Last 4 digits of account number 8142	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁸	Nonpriority creditor's name and mailing address Drive Fullfillment 1226 Southen 630 Suite 1 Sandy, UT, 84070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 35,227.29
	Date or dates debt was incurred 10/31/2023 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁹	Nonpriority creditor's name and mailing address eClinical Works, LLC P. O. Box 847950 Boston, MA, 02284-7950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 2,331.39
	Date or dates debt was incurred 2/5/2024 Last 4 digits of account number 0261	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁰	Nonpriority creditor's name and mailing address Eilkay, LLC 200 Riverway Blvd Elmwood Park, NJ, 7407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,535.04
	Date or dates debt was incurred 1/3/2024 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³¹	Nonpriority creditor's name and mailing address EMD Millipore Corporation 25760 Network Place Chicago, IL, 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 5,950.56
	Date or dates debt was incurred 9/1/2023 Last 4 digits of account number 7185	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³²	Nonpriority creditor's name and mailing address Experian Health, Inc. P. O. Box 846133 Los Angeles, CA, 90084-6133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 830.21
	Date or dates debt was incurred <u>4/4/2024</u> Last 4 digits of account number <u>6594</u>		
3. ³³	Nonpriority creditor's name and mailing address Filtros Inc 12159 Flint Poway, CA, 92064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,721.98
	Date or dates debt was incurred <u>3/5/2024</u> Last 4 digits of account number _____		
3. ³⁴	Nonpriority creditor's name and mailing address Fish & Richardson 60 South Sixth Street Minneapolis, MN, 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 821.41
	Date or dates debt was incurred <u>3/22/2024</u> Last 4 digits of account number <u>9930</u>		
3. ³⁵	Nonpriority creditor's name and mailing address Fisher Scientific Co., LLC Boston, MA, 02241-3648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 109,734.85
	Date or dates debt was incurred <u>10/13/2023</u> Last 4 digits of account number _____		
3. ³⁶	Nonpriority creditor's name and mailing address Fleet Maintenance of Texas P. O. Box 82045 Austin, TX, 78708-2045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,053.86
	Date or dates debt was incurred <u>8/3/2023</u> Last 4 digits of account number _____		

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Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address FrontRunnerHC Inc. 35 Cordage Park Circl Plymouth, MA, 2360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 5,937.33
	Date or dates debt was incurred <u>1/31/2023</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁸	Nonpriority creditor's name and mailing address Gene by Gene, Ltd. 1445 North Loop West, Ste. 820 Houston, TX, 77008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 47,781.25
	Date or dates debt was incurred <u>3/31/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁹	Nonpriority creditor's name and mailing address Hamilton P. O. Box 10030 Reno, NV, 89520-0012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 25,859.38
	Date or dates debt was incurred <u>9/11/2023</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁰	Nonpriority creditor's name and mailing address Health Gorilla, Inc. 255 Ponce de Leon Blvd. Suite 300 Coral Gables, FL, 33134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,668.00
	Date or dates debt was incurred <u>2/1/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴¹	Nonpriority creditor's name and mailing address Healthcare Integrations 4444 N. Belleview Ave. Suite 105 Kansas City, MO, 64154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 2,210.00
	Date or dates debt was incurred <u>1/25/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address IMCS 110 Centrum Drive Irmo, SC, 29063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 3,644.95
	Date or dates debt was incurred <u>11/16/2023</u> Last 4 digits of account number <u>6814</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³	Nonpriority creditor's name and mailing address Immunalysis Corp P. O. Box 102317 Pasadena, CA, 91189-2317	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 5,899.64
	Date or dates debt was incurred <u>1/23/2024</u> Last 4 digits of account number <u>M500</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴	Nonpriority creditor's name and mailing address Interior Climate Solutions 8906 Ambassabor Row Dallas, TX, 75247	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 520.23
	Date or dates debt was incurred <u>3/4/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵	Nonpriority creditor's name and mailing address IPFS Corporation PO Box 419090 Kansas City, MO, 64105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 3,747.48
	Date or dates debt was incurred <u>3/29/2024</u> Last 4 digits of account number <u>1452</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶	Nonpriority creditor's name and mailing address Kipu Systems LLC (pd via CC) 255 Alhambra Circle Ste 900 Coral Gables, FL, 33134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 410.39
	Date or dates debt was incurred <u>2/29/2024</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 10,032.33
Life Technologies/Invitrogen c/o Bank of America 12088 Collection Center Drive Chicago, IL, 60693		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 10/10/2023		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number 9037			
3. ⁴⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ Undetermined
Lindsey Scott 6916 Villita Avenida Street Austin, TX, 78741		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,360.60
Lipomed Inc 150 Cambridge Park Dr. Ste. 705 Cambridge, MA, 2140		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 11/16/2023		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 797.70
Magnit Quick, LLC (Quick Search) P. O. Box 534305 Atlanta, GA, 30353-4305		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 10/31/2023		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 842.10
Matheson Tri-Gas, Inc. PO Box 123028 Dallas, TX, 75312		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 1/31/2024		Is the claim subject to offset?	
Last 4 digits of account number 9791		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address Phenomenex, Inc. P. O. Box 749397 Los Angeles, CA, 90074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 4,338.87
	Date or dates debt was incurred 2/13/2024 Last 4 digits of account number 2117	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³	Nonpriority creditor's name and mailing address Philip Breitenbucher 13689 Basswod Dr. Corona, CA, 92883	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 5,000.00
	Date or dates debt was incurred 2/29/2024 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴	Nonpriority creditor's name and mailing address Purchase Power - Pitney Bowes PO Box 371874 Pittsburgh, PA, 15250-7874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 18.67
	Date or dates debt was incurred 3/7/2024 Last 4 digits of account number 8282	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵	Nonpriority creditor's name and mailing address PYA, P.C. 2220 Sutherland Avenue Knoxville, TN, 37919	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,500.00
	Date or dates debt was incurred 3/29/2024 Last 4 digits of account number 9974	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶	Nonpriority creditor's name and mailing address RecoveryTrek LLC 440 Moticello Ave. Norfolk, VA, 23510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,926.00
	Date or dates debt was incurred 3/1/2024 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁵⁷	Nonpriority creditor's name and mailing address S. Tipton Studio 809 W. 12th Street Austin, TX, 78701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,250.00
	Date or dates debt was incurred <u>7/15/2023</u> Last 4 digits of account number _____		
3. ⁵⁸	Nonpriority creditor's name and mailing address San Francisco Collaborative Courts 400 McAllister St, Room 402 San Francisco, CA, 94102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁵⁹	Nonpriority creditor's name and mailing address Sarstedt, Inc. PO Box 468 Newton, NC, 28658	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,102.87
	Date or dates debt was incurred <u>2/8/2024</u> Last 4 digits of account number <u>0096</u>		
3. ⁶⁰	Nonpriority creditor's name and mailing address Siemens P. O. Box 121102 Dallas, TX, 75312-1102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 19,050.19
	Date or dates debt was incurred <u>7/7/2023</u> Last 4 digits of account number <u>7959</u>		
3. ⁶¹	Nonpriority creditor's name and mailing address State of California Franchise Tax Board PO Box 942857 Sacramento, CA, 94257	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address Stericycle Inc P. O. Box 6575 Carol Stream, IL, 60197-6575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,959.72
Date or dates debt was incurred <u>10/31/2023</u>		Basis for the claim: Suppliers or Vendors	
Last 4 digits of account number <u>5437</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶³	Nonpriority creditor's name and mailing address T38FAX 1100 E. Hector St. Ste 313 Conshohocken, PA, 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 69.34
Date or dates debt was incurred <u>1/23/2024</u>		Basis for the claim: Suppliers or Vendors	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address Takara Takara Bio USA, Inc. PO BOX 45794 San Francisco, CA, 94145-0794	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 253.24
Date or dates debt was incurred <u>7/6/2023</u>		Basis for the claim: Suppliers or Vendors	
Last 4 digits of account number <u>7943</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address Tecan US, Inc 9401 Global Center Drive Suite 140 Morrisville, NC, 27560	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 36,482.99
Date or dates debt was incurred <u>11/28/2023</u>		Basis for the claim: Suppliers or Vendors	
Last 4 digits of account number <u>2193</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address Telcor 9401 Global Center Drive Suite 140 Lincoln, NE, 68510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 27,300.94
Date or dates debt was incurred <u>4/1/2024</u>		Basis for the claim: Suppliers or Vendors	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page		Amount of claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		
3. ⁶⁷	Nonpriority creditor's name and mailing address The Hartford PO Box 660916 Dallas, TX, 75266-0916 <div> Date or dates debt was incurred <u>4/5/2024</u> Last 4 digits of account number <u>1796</u> </div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div> As of the petition filing date, the claim is: \$ <u>1,691.83</u> </div>
3. ⁶⁸	Nonpriority creditor's name and mailing address Thermo Electron North America, LLC PO Box 742775 Atlanta, GA, 30374-2775 <div> Date or dates debt was incurred <u>8/6/2023</u> Last 4 digits of account number _____ </div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div> As of the petition filing date, the claim is: \$ <u>3,106.58</u> </div>
3. ⁶⁹	Nonpriority creditor's name and mailing address Thermo Flscher Scientific 168 Third Avenue Waltham, MA, 02451 <div> Date or dates debt was incurred _____ Last 4 digits of account number _____ </div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div> As of the petition filing date, the claim is: \$ <u>12,426.32</u> </div>
3. ⁷⁰	Nonpriority creditor's name and mailing address Translational Software Inc 7683 SE 27th St. Mercer Island, WA, 98040 <div> Date or dates debt was incurred <u>12/31/2023</u> Last 4 digits of account number _____ </div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div> As of the petition filing date, the claim is: \$ <u>696.00</u> </div>
3. ⁷¹	Nonpriority creditor's name and mailing address Trinsic Technologies, Inc 15843 Opal Fir Dr. Suite 100 Austin, TX, 78728 <div> Date or dates debt was incurred <u>7/1/2018</u> Last 4 digits of account number _____ </div>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div> As of the petition filing date, the claim is: \$ <u>63,349.44</u> </div>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<div>3.⁷²</div> <div>Nonpriority creditor's name and mailing address</div> <div> <div>UBEO LLC</div> <div>P. O. Box 790448</div> <div>St. Louis, MO, 63179-0448</div> </div> <div> <div>Date or dates debt was incurred</div> <div>4/11/2024</div> </div> <div> <div>Last 4 digits of account number</div> <div>6974</div> </div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	<div>\$ 1,380.19</div>
<div>3.⁷³</div> <div>Nonpriority creditor's name and mailing address</div> <div> <div>ULINE</div> <div>Attn: Accounts Receivable</div> <div>P. O. Box 88741</div> <div>Chicago, IL, 60680-1741</div> </div> <div> <div>Date or dates debt was incurred</div> <div>3/1/2024</div> </div> <div> <div>Last 4 digits of account number</div> <div>7513</div> </div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	<div>\$ 797.09</div>
<div>3.⁷⁴</div> <div>Nonpriority creditor's name and mailing address</div> <div> <div>UTAK</div> <div>25020 Avenue Tibbits</div> <div>Valencia, CA, 91355</div> </div> <div> <div>Date or dates debt was incurred</div> <div>9/21/2023</div> </div> <div> <div>Last 4 digits of account number</div> <div>5885</div> </div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	<div>\$ 355.80</div>
<div>3.⁷⁵</div> <div>Nonpriority creditor's name and mailing address</div> <div> <div>VWR International LLC</div> <div>P. O. Box 640169</div> <div>Pittsburgh, PA, 15264-0169</div> </div> <div> <div>Date or dates debt was incurred</div> <div>11/29/2023</div> </div> <div> <div>Last 4 digits of account number</div> <div>3455</div> </div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	<div>\$ 34,184.86</div>
<div>3.⁷⁶</div> <div>Nonpriority creditor's name and mailing address</div> <div> <div>Waystar dba ZirMed Inc.</div> <div>1311 Solutions Center</div> <div>Chicago, IL, 60677-1311</div> </div> <div> <div>Date or dates debt was incurred</div> <div>3/12/2024</div> </div> <div> <div>Last 4 digits of account number</div> <div>7723</div> </div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	<div>\$ 10,938.97</div>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,500.00
	Zhao Laboratory Consulting LLC 1310 Indigo Bay Ct. Pearland, TX, 77584	Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred 11/1/2023	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 8,224,663.26
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 8,224,663.26

Fill in this information to identify the case:Debtor name Genotox Laboratories, Ltd.United States Bankruptcy Court for the: Western District of TexasCase number (if known): 24-10454Chapter 7☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest 2170 Woodward Street, Suite 100 Austin, Texas 78744 Lessor State the term remaining September 30, 2025 List the contract number of any government contract	Agellan Commercial REIT U.S. L.P 101 E. Old Settlers Blvd Suite 120 Round Rock, TX, 78664
2.2	State what the contract or lease is for and the nature of the debtor's interest Mini MicroLab StarLet (lab equip.) Lessee State the term remaining 49 payments remaining List the contract number of any government contract	De Lage Landen Financial Services, Inc. P.O. Box. 825736 Philadelphia, PA, 19182
2.3	State what the contract or lease is for and the nature of the debtor's interest Tip Novus/Tip Lumis (lab equip.) Lessee State the term remaining 18 Payments Remaining List the contract number of any government contract	De Lage Landen Financial Services, Inc. P.O. Box. 825736 Philadelphia, PA, 19182
2.4	State what the contract or lease is for and the nature of the debtor's interest Deferred Prosecution Agreement and Settlement Agreement State the term remaining List the contract number of any government contract	United States of America G. Karthik Srinivasen, Alan Buie 601 NW Loop 410, Suite 600 Austin, TX, 78730
2.5	State what the contract or lease is for and the nature of the debtor's interest 2 Ricoh copiers Lessee State the term remaining December 31, 2028 List the contract number of any government contract	Ubeo Business Services P O. Box 790448, St. Louis, MO, 63179-0448

Debtor Genotox Laboratories, Ltd. Case number (if known) 24-10454
Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Shipping

Cardinal Health
P.O. Box 730112
Dallas, TX, 75373

2.6 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

IT Services

Trinsic Technologies
15843 Opal Fir Dr. Suite 100
Austin, TX, 78728

2.7 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Billing services
Agent

Bill.com
6220 America Center Drive, Suite 100
Alviso, CA, 95002

2.8 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Corporate Integrity Agreement

Office of Inspector General of the
Department of Health and Human Services
330 Independence Avenue, S.W.
Washington, DC, 20201

2.9 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Genotox Laboratories, Ltd.
 United States Bankruptcy Court for the: Western District of Texas
 Case number (if known): 24-10454

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Name	Mailing address
2.1 Genotox Laboratories Management, LLC	2170 Woodward Street Suite 100 Austin, TX 78746

Column 2: Creditor

Name	Check all schedules that apply:
All creditors by virtue of Genotox Laboratories Management, LLC being the General Partner.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

2.2	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--

2.3	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--

2.4	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--

2.5	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--

2.6	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--